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CALIFORNIA STATE BOARD OF HEALTH

Weekly



Bulletin

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July 9, 1927

GUY P. JONES
EDITOR

Nurses Keen Judges
of Relative Values.

Dr. Adelaide Brown, member of the California State Board of Health, has just returned from a trip around the world with several months of study in European cities. Dr. Brown has already submitted an interesting report on the evaluation of public health activities by public health nurses, which reads as follows:

Evaluation of Relative Importance of Public Health Nursing in its Various Aspects to a Community Health Program.

This question was asked of 87 nurses who were candidates for registration as public health nurses by the California State Board of Health, in May, 1926.

These nurses are admitted to the examination, having already been registered as graduate nurses in California, on presenting the following requirements in public health nursing:

1. Graduates of an eight months course in public health nursing acceptable to the California State Board of Health.

2. Nurses who have had a four months course in public health or social service which is acceptable to the California State Board of Health.

3. Nurses who have served two years under an organized health agency (public or private) which has been accredited by the California State Board of Health.

Since June, 1926, all nurses offering this credential must present, in addition, evidence of having been in attendance at one summer course in public health nursing at the University of California at Berkeley or Los Angeles.

The answers to the questions were tabulated.

	1	2	3	4	5	6
Communicable disease control	57	7	7	8	6	3
Well-baby centers	—	11	12	22	19	20
Tuberculosis work	7	35	13	7	14	6
Visiting nursing	6	3	9	13	15	36
School nursing	1	12	19	19	18	13
Prenatal care	14	12	25	13	10	7

In order of importance to the health of a community this group of nurses at work in California would consider communicable disease control to take *first* rank. This was the first service of public health nursing to be developed. Tuberculosis work, which includes a very well defined educational campaign of many years in California, takes *second* place.

Prenatal care, emphasized to the public health nurses by the nation-wide campaign to reduce maternal mortality, takes *third* place.

Well-baby centers have *fourth* place. School nursing has an even vote for *third*, *fourth* and *fifth* places, but is out-classed for *third* and *fourth* place and takes *fifth* place.

Visiting nursing, which by way of explanation, is quite new in northern California, is assigned to the *sixth* place by the larger number of students.

The interest of this type of question is to get some idea of what a group of nurses think of the relative values of the work they are in contact with.

Needless to say all nurses answering the question were marked 10.

The committee is quite sure this report will interest more than the nurses who took the examination.

DR. ADELAIDE BROWN,
Chairman, Public Health Nursing Committee California State Board of Health.

Summary Methods of Control of Epidemic Poliomyelitis (Infantile Paralysis).

To PREVENT THE SPREADING OF INFANTILE PARALYSIS AND TO AVOID CONTRACTING IT, OBSERVE THE FOLLOWING:

Keep your children off the streets.

Do not let them play with any child or adult who is not entirely well.

Keep sick persons who do not belong in your family out of your house.

Make sure that hands are thoroughly washed before eating.

IN CASE OF SICKNESS.

If a child or adult in your family appears to be sick or complains of not feeling well, immediately separate that person from the rest of the family, and allow no visitors to enter the house.

After waiting on the sick person be sure to wash your hands immediately.

Collect nose and throat discharges in paper napkins or small pieces of cloth and burn immediately.

Bowel and bladder discharges must be disinfected with a fifty per cent carbolic acid solution, or such other disinfectant as your physician shall advise.

Infantile paralysis is primarily a children's disease, the mortality being twenty per cent, and many who survive remain disabled throughout their lifetime.

The best way to keep your child from contracting this disease is to keep him away from other children.

To HEALTH OFFICERS.

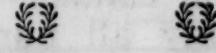
Period of quarantine shall not be less than three weeks from the beginning of the disease. (Adopted October 6, 1923.)

Special attention should be given to the quarantining of all contacts especially in children where a strict quarantine should be maintained for a period of two weeks. (Adopted October 6, 1923.)

Special attention should be given to the nose, throat and bowel excreta.

Disinfection of bowel and bladder discharges in all cases.

Strict observance of terminal disinfection should be carried out.



San Rafael Has New Health Officer.

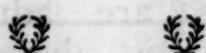
Dr. H. M. Beck has been appointed City Health Officer of San Rafael to succeed Dr. W. F. Jones. Dr. Beck began his new duties July first.

California Stands Well Among States.

California does not maintain the lowest typhoid fever mortality of any state in the United States registration area for deaths, but it is well in the van among those states that maintained low rates during the year 1925. The typhoid mortality rate for the entire area was 8.0 for that year and for California the rate was 2.9. California stands seventh among the states in the maintenance of low typhoid mortality rates. This is a remarkable accomplishment in consideration of the fact that this state must depend largely upon surface streams for its public water supplies. It is interesting to note that the highest mortality rate for any state in 1925 is almost identical with the California rate in 1906—32.2. The following table gives the rates for the registration states in 1925:

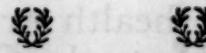
Death Rates per 100,000 Population From Typhoid Fever in the U. S. Registration Area and in Each Registration State, 1925.

Minnesota -----	1.7	Kansas -----	5.6
Massachusetts---	1.8	Idaho -----	5.7
Wisconsin -----	2.0	Maine -----	6.7
Connecticut ---	2.5	Maryland -----	7.4
Nebraska -----	2.8	U. S. Registration Area-----	8.0
Vermont -----	2.8	California -----	8.1
California -----	2.9	Rhode Island -----	8.8
Rhode Island---	2.9	New Jersey -----	9.2
New Jersey-----	3.2	Iowa -----	9.9
Iowa -----	3.3	New Hampshire-----	10.9
New Hampshire-	3.3	Washington -----	11.2
Washington ---	3.5	Montana -----	12.1
Montana -----	3.6	New York -----	14.8
New York-----	3.6	North Dakota---	16.8
North Dakota---	3.7	Michigan -----	20.4
Michigan -----	3.8	Oregon -----	26.6
Oregon -----	3.8	Illinois -----	26.7
Illinois -----	4.6	Pennsylvania ---	26.8
Pennsylvania ---	4.8	Ohio -----	26.8
Ohio -----	5.1	Utah -----	34.2
Utah -----	5.2		



New Health Officer For San Bernardino.

Dr. Emil W. Meyer was appointed Health Officer of San Bernardino County, July first, to succeed Dr. Emmet L. Tisinger.

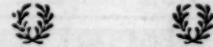


The first annual report of the Health Organization of the League of Nations appeared in July, 1926. This body is authorized to "take steps in matters of international concern for the prevention and control of disease." It consists of an advisory council correlated with the International Health Office in Paris, a permanent health committee of 20 members, and a health section which forms an integral part of the secretariat of the league. The health committee is the active body and is responsible for the technical direction of the health section.

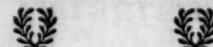
**Dr. Gillihan Goes
To San Luis Obispo.**

Dr. Allen F. Gillihan, State District Health Officer of the California State Board of Health, has resigned his position in order to become Health Officer of San Luis Obispo County. This county has been without the services of a health officer since the resignation of Dr. K. H. Sutherland last year. The city of San Luis Obispo has turned over the administration of its public health to the county, making the entire county, both unincorporated and incorporated territory, a single public health unit with a full-time health office in charge.

Dr. Gillihan has been connected with the California State Board of Health for ten years, having been appointed District Health Officer in 1917. He was assigned the north coast district with headquarters at Santa Rosa, where he was stationed until 1919. Since that time he has maintained headquarters at the Sacramento office of the board. The best wishes of the State Board of Health and of its staff go with Dr. Gillihan in his new office.

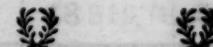


Dr. Thomas R. Crowder, Director of the Department of Sanitation and Surgery of the Pullman Company, states that before a negro is taken into the service of the company as a porter he must either be vaccinated or show evidence of a recent successful vaccination. The physician making the examination must satisfy himself that the scar is less than five years old; if older than this, at least one attempt at re-vaccination is required. Applicants must also be examined as to physical fitness. Approximately 12,000 negroes are employed by the company as car porters.



**Poliomyelitis Is
More Prevalent.**

Because of the increased number of cases of acute anterior poliomyelitis now being reported in California, the following summary of methods of control is printed here. Health officers in those localities where the disease is more prevalent may advise the people of their respective communities concerning the methods of prevention and control here outlined.



The popular attitude of looking upon disease as something inevitable permits disease to continue. Now that we have broken the shackles of traditional ignorance, now that we see clearly that we can be free and how to gain our freedom, it is inconceivable that we shall for many years longer bow beneath this needless and, because needless, quite intolerable burden.—H. W. Hill, M.D.

**LIST OF DISEASES REPORTABLE
BY LAW.**

ANTHRAX	MUMPS
BERI-BERI	OPHTHALMIA NEONATORUM
BOTULISM	PARATYPHOID FEVER
CEREBROSPINAL MENINGITIS (Epidemic)	PELLAGRA
CHICKENPOX	PLAQUE
CHOLERA, ASIATIC	PNEUMONIA
DENGUE	POLIOMYELITIS
DIPHTHERIA	RABIES
DYSENTERY	ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
ENCEPHALITIS (Epidemic)	SCARLET FEVER
ERYSIPelas	SMALLPOX
FLUKES	SYPHILIS*
FOOD POISONING	TETANUS
GERMAN MEASLES	TRACHOMA
GLANDERS	TUBERCULOSIS
GONOCOCCUS INFECTION*	TYPHOID FEVER
HOOKWORM	TYPHUS FEVER
INFLUENZA	WHOOPING COUGH
JAUNDICE, INFECTIOUS	YELLOW FEVER
LEPROSY	
MALARIA	
MEASLES	

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)	POLIOMYELITIS
CHOLERA, ASIATIC	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
PLAQUE	YELLOW FEVER

*Reported by office number. Name and address not required.

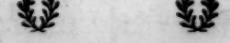


Lord Macaulay, in his History of England, writing of the time of William and Mary in 1694, gives a vivid picture of the meaning of true smallpox.

"That disease, over which science has since achieved a succession of glorious and beneficent victories, was then the most terrible of all the ministers of death. The havoc of the plague had been far more rapid; but the plague had visited our shores only once or twice within memory; and the smallpox was always present, filling our churchyards with corpses, tormenting with constant fears all whom it had not yet stricken, leaving on those whose lives it spared the hideous traces of its power, turning the babe into a changeling at which its mother shuddered, and making the eyes and cheeks of the betrothed maiden objects of horror to the lover."



The noblest motive is the public good.—Virgil.



MORBIDITY.*

Diphtheria.

71 cases of diphtheria have been reported, as follows: Alameda 1, Berkeley 2, Oakland 3, Los Angeles County 13, Alhambra 1, Beverly Hills 2, Compton 1, Huntington Park 1, Los Angeles 19, Whittier 4, Madera 1, Napa 2, San Bernardino 3, San Diego 2, San Francisco 6, San Joaquin County 2, Daly City 1, Santa Clara County 2, Santa Clara 2, Sonoma County 1, Vallejo 2.

Scarlet Fever.

73 cases of scarlet fever have been reported, as follows: Berkeley 1, Jackson 1, Fresno County 2, Kern County 1, Hanford 1, Los Angeles County 15, Claremont 1, Los Angeles 17, Manhattan Beach 1, Monrovia 1, Pomona 1, Whittier 1, Orange County 1, Anaheim 1,

* From reports received on July 4th and 5th for week ending July 2d.

Santa Ana 1, Lincoln 1, Sacramento 2, La Mesa 1, San Diego 5, San Francisco 4, San Joaquin County 1, Santa Clara County 4, Palo Alto 1, San Jose 6, Tulare County 2.

Whooping Cough.

103 cases of whooping cough have been reported, as follows: Alameda 12, Berkeley 3, Oakland 18, Kern County 2, Lemoore 1, Los Angeles County 2, Beverly Hills 1, Glendale 1, Los Angeles 16, Orange County 1, Sacramento 2, San Diego County 1, San Diego 18, San Francisco 13, San Joaquin County 3, Stockton 6, San Jose 1, Petaluma 1, Ceres 1.

Measles.

207 cases of measles have been reported, as follows: Alameda 3, Berkeley 2, Oakland 6, Piedmont 1, San Leandro 2, Fresno County 2, Kern County 1, Los Angeles County 25, Alhambra 5, Beverly Hills 3, Claremont 3, Glendale 11, Huntington Park 1, La Verne 9, Los Angeles 34, Monrovia 2, Pomona 2, Redondo Beach 1, Sierra Madre 1, Madera County 1, Orange County 7, Fullerton 1, Orange 1, Santa Ana 1, Riverside County 1, Banning 1, Riverside 13, Sacramento 1, El Cajon 2, San Diego County 9, San Diego 27, San Francisco 16, Stockton 1, San Luis Obispo County 4, Arroyo Grande 3, Daly City 1, Palo Alto 2, Petaluma 1.

Smallpox.

16 cases of smallpox have been reported, as follows: Oakland 9, Los Angeles 1, Pomona 1, Hollister 4, San Jose 1.

Typhoid Fever.

9 cases of typhoid fever have been reported, as follows: Oakland 2, Los Angeles County 2, Sacramento County 1, Roseville 1, San Joaquin County 1, California 2.

Meningitis (Epidemic).

Four cases of epidemic meningitis have been reported, as follows: Livermore 1, Los Angeles 1, San Francisco 1, San Joaquin County 1.

Poliomyelitis.

14 cases of poliomyelitis have been reported, as follows: Alameda 1, Berkeley 1, Oakland 1, Piedmont 1, Kern County 1, Bakersfield 1, Los Angeles County 2, Alhambra 1, Los Angeles 3, San Francisco 1, Palo Alto 1.

Encephalitis (Epidemic).

Livermore reported one case of epidemic encephalitis.

Malta Fever.

Los Angeles County reported one case of Malta fever.

COMMUNICABLE DISEASE REPORTS.

Disease	1927			Reports for week ending July 2 received by July 5	1926			Reports for week ending July 3 received by July 6	
	Week ending				Reports for week ending July 12 received by July 5	Week ending			
	June 11	June 18	June 25			June 12	June 19	June 26	
Anthrax-----	0	0	0	0	0	0	0	0	
Botulism-----	0	0	0	0	0	0	0	0	
Chickenpox-----	332	288	177	127	251	175	138	108	
Diphtheria-----	114	101	101	71	107	87	104	101	
Dysentery (Bacillary)-----	1	2	1	1	0	0	3	2	
Encephalitis (Epidemic)-----	1	2	1	1	0	0	1	2	
Gonococcus Infection-----	94	91	71	92	77	123	67	103	
Influenza-----	16	10	13	10	14	8	1	5	
Jaundice (Epidemic)-----	2	1	0	0	4	0	0	0	
Leprosy-----	2	1	1	1	0	1	0	0	
Malaria-----	1	1	1	0	2	1	2	1	
Malta Fever-----	0	0	1	0	0	0	0	0	
Measles-----	727	596	420	207	527	441	357	275	
Meningitis (Epidemic)-----	5	6	3	4	2	4	3	4	
Mumps-----	180	158	100	64	237	140	133	73	
Paratyphoid Fever-----	1	0	1	2	0	0	0	1	
Pneumonia (Lobar)-----	112	45	34	27	32	33	31	28	
Poliomyelitis-----	6	16	27	14	2	0	4	3	
Rabies (Animal)-----	16	8	4	4	12	9	9	2	
Rabies (Human)-----	0	0	0	0	0	0	1	0	
Rocky Mt. Spotted Fever-----	0	0	0	0	1	0	0	0	
Scarlet Fever-----	156	144	115	73	144	130	133	70	
Smallpox-----	23	16	8	16	23	13	16	6	
Syphilis-----	83	153	76	119	105	95	72	147	
Tetanus-----	0	1	3	3	1	1	1	0	
Trachoma-----	6	2	2	0	3	3	3	0	
Tuberculosis-----	250	181	212	123	169	172	180	189	
Typhoid Fever-----	15	8	16	9	15	24	25	14	
Typhus Fever-----	0	0	0	0	0	0	0	0	
Whooping Cough-----	215	198	153	103	75	81	43	71	
Totals-----	2358	2029	1540	1072	1803	1541	1327	1205	

CALIFORNIA STATE PRINTING OFFICE

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